

<b>Case Number:</b>	CM15-0021188		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old female, who sustained an industrial injury on December 9, 2013. The diagnoses have included cervical sprain/strain and lumbar sprain/strain. Treatment to date has included chiropractic therapy with ultrasound, home exercise program, and pain, sleeping, and non-steroidal anti-inflammatory medications. On December 31, 2014, the treating physician noted pain in the shoulders, especially when driving, and bilateral buttocks pain. She did not want to use the pain medication any longer as it made her very irritated and angry. She uses a TENS (transcutaneous electrical nerve stimulation) unit twice a day, which is helpful. She does a home exercise program occasionally. The treatment plan included discontinuing the pain medication, increased TENS (transcutaneous electrical nerve stimulation) usage to 3-4 times a day, and a heating pad. On February 4, 2015, the injured worker submitted an application for IMR for review of requests for 1 prescription of Cyclobenzaprine 7.5mg #60, TENS (transcutaneous electrical nerve stimulation) patches 2 pairs and a heating pad. The Cyclobenzaprine was non-certified based on lack of documentation of muscle spasms upon examination of the claimant. The transcutaneous electrical nerve stimulation patches were non-certified based on lack of clear evidence of objective and functional improvement with prior use of this modality to support continued use. The heating pad was non-certified based on the lack of indication that the claimant has used conventional heat pads or packs with no improvement for his chronic condition. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines (ODG) were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cyclobenzaprine 7.5 mg #60 DOS: 12/31/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant section Page(s): 63-66.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no note of muscle spasm on subjective or objective findings. Furthermore, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

**Transcutaneous electrical nerve stimulation (TENS) patches 2 pairs DOS: 12/31/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** Regarding the request for TENS patches, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, the patient has undergone a TENS unit trial which was helpful, but there was no documentation of any specific objective functional improvement. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

**Heating pad DOS: 12/31/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Shoulder Procedure Summary last updated 08/27/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, 308. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Cold/Heat Packs, Continuous Cryotherapy

**Decision rationale:** Regarding the request for a heat pad, ACOEM Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat packs are recommended as an option for acute pain. Within the documentation available for review, and there is no indication that the patient has acute pain. Additionally, there is no documentation of the patient has failed traditional method of heating. In the absence of clarity regarding those issues, the currently requested keypad is not medically necessary.